

## **Required Information for Initiating a Foreign National Visit Request**

Full Leg	gal Name:				
		(Last)	(First)		(MI)
Gender	r: Male:	Female:			
Close relatives working at LANL? Yes If yes, name of relative and relationship _			No		
Date of Birth:Place of Birth:			(mm/dd/yyyy) —		
	City/Provi	nce/Region:			
Citizen	ship:	ountry:			
	Passport I	Number:			
	Passport I	Expiration Date:			
	Secondar	y Country:			
	Passport I	Number:			
	Passport I	Expiration Date:			
Permar	nent Reside	ent Alien: Yes No			
Visa Ty	pe:				_
Visa Nu	ımber:				_
Visa Grant Date:			Visa Expiration	Date:	_
Curren	t Work Loc Company	ation Name:			
	Title:		Specialty:		
	Company	Division (optional):			
	Street:				
	City:		State:	Postal Code:	
	Country:				

Please return this form by May 24, 2017 to Liz Sturgeon @ lizs@lanl.gov. Forms returned after this date will not be accepted.

<sup>\*\*</sup> Documentation <u>required</u> to process this request: **this form**, **updated resume or CV**, and **a copy of your passport ID page**. \*\*